TB Program Evaluation Focus for 2013

Reporting of Known HIV Status and Sputum Culture Conversion

Purpose

- To improve progress toward 2015 national objectives for reported HIV status and sputum culture conversion
  - National objectives for Reported HIV status is 88.7%

    Michigan has made steady improvement from about 70% to 80% in the past few years.

  - National objective for Sputum Cx Conversion is 61.5%

    Michigan's NTIP data states the rate was roughly 40% in 2007, 2009, 2010 and 29% in 2011 (data update issue?)

NTIP

- Limitations

  Not real-time

  Only as accurate as what is entered

- Potential Use

  If NTIP data is reliable, it is an incredible tool for program evaluation relieving many of us of some time consuming activities

GOALS

The goals of this PE plan are

1. to identify and address barriers to reported HIV status in the RVCT and
2. to identify and address barriers to cases with positive sputum culture with documented sputum culture conversion to sputum culture negative within 60 days of treatment initiation,

GOAL #1

- Recommended changes to objectives based on information from 2012 PE Plan?

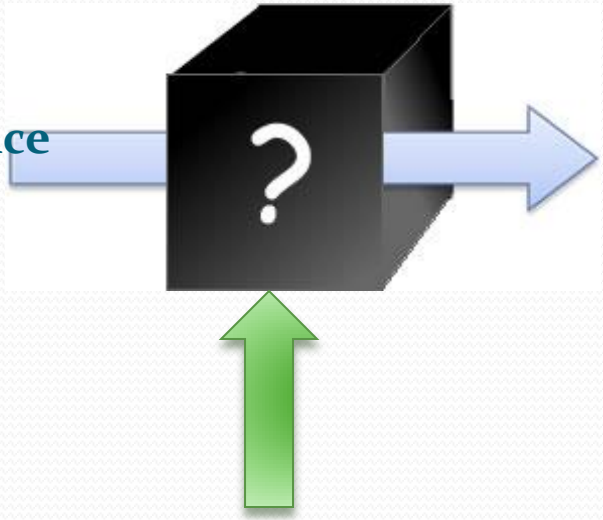
  Continue to increase % cases with reported known HIV status?

  LHD Access to NTIP?

From the PE Webinar: What's In the Box?

My program:

- **training**
- **technical assistance**
- **funding**
- **partnerships**



Desired outcome:

- **less morbidity**
- **fewer mortalities**

Intermediate outcomes

Goal #2

- Are we asking the right questions?

Do we want to know details about cases that fall into these categories such as: Are they being managed by a public or private provider?

Was there evidence of cavitary disease? Extensive pulmonary disease? Is there drug resistance? Medication intolerance? How often were specimens collected? Is specimen collected in a clinic or is container sent with patient? Is it induced? Is there a system to collect specimens in a certain timeframe? Is the data in RVCT (MDSS) correct?

Goal #2 (cont'd)

- Are we looking in the right places?

  Our resources are limited to do this work. Chart review is time consuming. But total numbers of sputum culture positive cases are small for one jurisdiction…Do we do retrospective chart reviews in 3 highest burden LHDs? Private laboratory results are not available to TB staff at MDCH. Do we modify the information collected during cohort review to answer questions?

GOAL #2 (cont'd)

- For the right reasons?

  Why do we want to know the differences? To develop guidelines in Michigan for frequency of specimen collection? To improve patient monitoring (response to treatment, determine if still infectious…)? To determine length of treatment and improve rates of completion?

  To discover if our data accurately describes sputum culture conversion in Michigan?

Objectives?

- Collect accurate data about sputum culture conversion during cohort review
- Identify barriers/facilitators for reporting sputum culture conversion
- Develop recommendations for TB programs to improve reporting of sputum culture conversion

PE Steering Committee Input

- Comments